

## Sponsoring Organizations

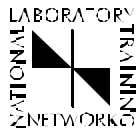


### University of Iowa Hygienic Laboratory (UHL)

ph 319-335-4500 or 800-421-IOWA  
<http://www.uhl.uiowa.edu>

Beth Hochstedler, B.S.  
Training Coordinator

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### National Laboratory Training Network

ph 800-536-NLTN or 312-793-3306  
<http://www.phppo.cdc.gov/nltm/mwoffice@nltm.org>

Valerie Johnson, M.S., MT(ASCP)  
Barbara Henderson, Registrar

National Laboratory Training Network (NLTN) is a training system sponsored by the Association of Public Health Laboratories (APHL) & the Centers for Disease Control & Prevention (CDC).

## Workshop Sites

You may participate in this workshop from any of the following 12 sites. Each classroom is equipped with 2-way video and 2-way audio equipment. A facilitator will be present at each site.

### Burlington

Great River Area Education Agency 16, ICN Room  
3601 W. Avenue Rd.

### Cedar Falls

Hawkeye Community College, ICN Room  
5330 Nordic Dr.

### Council Bluffs

Iowa Western Community College, Looft Hall ICN  
Room 2700 College Rd.

### Creston

Green Valley Area Education Agency 14  
Turner Room, 1405 N. Lincoln

### Davenport

Davenport Public Library, Meeting Room A  
321 Main

### Des Moines

State Library, Ola Babcock Miller Building, 3rd Floor  
East 12th & Grand Ave.

### Dubuque

Clark College, Schrup Library ICN Room  
1550 Clark Dr.

### Fort Dodge

Ft. Dodge Public Library, ICN Classroom  
424 Central Ave.

### Iowa City

Univ. Of Iowa - 1, North Hall, Room 107, Intersection of  
N Madison and W Davenport, drive straight past Iowa  
Memorial Union

### Mason City

North Iowa Area Comm. College, Careers Building,  
Rm128, 500 College Dr.

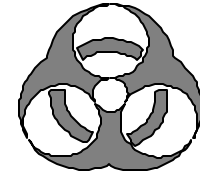
### Sioux City

Western Hills Area Education Agency 12, Room 209A,  
1520 Morningside Ave.

### Spencer

Spencer High School, ICN Classroom  
800 East 3rd St.

# BIOTERRORISM DETECTION



## The Key Role of the Clinical Laboratory

November 13, 2001  
12:00 noon - 4:30 p.m.

### A Free Interactive Video Conference

sponsored by

University of Iowa Hygienic Laboratory (UHL)  
and  
National Laboratory Training Network

### Attend one of 12 workshop sites

Burlington - Cedar Falls - Council Bluffs  
Creston - Davenport - Des Moines  
Dubuque - Ft. Dodge - Iowa City  
Mason City - Sioux City - Spencer

## Program Description

What is biological terrorism? How can it be detected? How does Iowa's public health system respond to an attack? What would you do if a suspicious organism showed up in **your** laboratory?

The possibility of a bioterrorism attack is being taken seriously by health care and public health professionals throughout the country. This program will help your laboratory to prepare by discussing the following topics: Why your lab should prepare, How to rule out the most likely agents of a biological threat, and How to confirm isolates. In addition, Iowa's response system, and packaging, shipping and safety issues will be covered.

## Who Should Attend

This program is appropriate for laboratory personnel.

## Objectives

At the conclusion of the workshop, participants will be able to:

- List critical biological agents suspected in bioterrorism attacks.
- Describe how to use simple flow charts and common procedures to rule out biothreat agents.
- Describe the means to rule out smallpox and ebola in herpes and other viral cultures.
- Explain how to divert human and environmental specimens to UHL when bioterrorism is suspected.
- Outline proper procedures for packaging and shipping of specimens.
- Define safety issues with biothreat agents.

## Continuing Education

- Continuing education credits (CEUs) for laboratorians will be offered, based on 4 contact hours of instruction.

## Program Agenda

12:00 p.m.	Registration and Roll Call
12:10 p.m.	Opening Remarks
12:30 p.m.	Bioterrorism: Not a Matter of If, But When
1:00 p.m.	Simple Flow Charts to Rule out Biothreat Agents in Clinical Labs
1:45 p.m.	Break
2:00 p.m.	Shipping Organisms to UHL that Cannot be Ruled Out
2:30 p.m.	What UHL Does to Confirm Isolates by Conventional and PCR Methods?
3:00 p.m.	Unknown Viral Agents
3:15 p.m.	Safety Issues With Biothreat Agents
3:30 p.m.	What Happens When an Outbreak is Confirmed?
3:45 p.m.	Question/Answer Session
4:15 p.m.	Evaluation and Closing Remarks
4:30 p.m.	Adjourn

## Presenters

*All presenters are from the University of Iowa  
Hygienic Laboratory (UHL)*

Mary J.R. Gilchrist, Ph.D., MPH, Director

Mary DeMartino

Larry Holcomb

Sandy Jirsa

Curt Thompson

Beth Hochstedler, Moderator

## Registration

- There is **no fee** to attend this program.
- Pre-registration is **required**.
- Seating is limited.
- Preference will be given to applications with the earliest postmarks.
- Confirmation letter and map will be sent in advance of the workshop.

## How to Register

(02MW29)

- ✓ Complete application form (last page):

***You must indicate the workshop  
site that you will attend.***

- ✓ Fax or mail completed application to:

**Barbara Henderson  
NLTN, Room 203  
2121 W. Taylor Street  
Chicago, IL 60612  
312-793-3304 (fax)  
312-793-3306 (phone)**

If you prefer to email, send all information required on application form to: [mwoffice@nltn.org](mailto:mwoffice@nltn.org)

## Special Needs

In compliance with the Americans with Disabilities Act (ADA), individuals requiring special accommodations must notify the NLTN office (phone 312-793-3306 or fax 312-793-3304) no later than October 26, 2001.

# National Laboratory Training Network REGISTRATION FORM

FORM APPROVED  
OMB NO. 0920-0017  
EXP. DATE 4/30/2003

Complete all information and return by fax or mail to: NLTN, 2121 W. Taylor, Chicago, IL 60612 fax 312-793-3304

## NAME AND ADDRESS OF APPLICANT (Please type or print.)

(Dr., Mr., Mrs., (First) (M.I.) (Last)  
Ms., or Miss)

Social Security Number E-mail address

Position Title Length of time in profession State Licensure Number Certification/Specialty

Employer's Name

Address Work Phone Number

Work Fax Number

City State Zip or Country

## Course Desired

Course No. 02MW29 Date 11/13/01 Location Iowa

Course Title Bioterrorism Detection: The Key Role of the Clinical Laboratory

We also need to know your Social Security Number. This number is voluntary and collected under the Public Health Service Act.

(Signature of Applicant)

(Date)

## OCCUPATION (Circle one number.)

- 01 Physician
- 02 Veterinarian
- 04 Laboratorian
- 05 Nursing
- 06 Sanitarian
- 07 Industrial Hygienist
- 08 Administration
- 09 Water Treatment Operator

## VERY IMPORTANT: WHICH ICN SITE WILL YOU ATTEND?

- ☐ Burlington ☐ Dubuque
- ☐ Cedar Falls ☐ Ft. Dodge
- ☐ Council Bluffs ☐ Iowa City
- ☐ Creston ☐ Mason City
- ☐ Davenport ☐ Sioux City
- ☐ Des Moines ☐ Spencer

## TYPE OF EMPLOYER

Please review all categories before circling appropriate one.  
(Circle one number.)

- 01 State and Territorial Health Department
- 02 Other State & Territory Employer
- 03 Local, City or County Health Dept.
- 04 Other Local Government Employer
- 05 CDC
- 06 Other CDC Employer
- 09 U.S. Food & Drug Administration
- 11 U.S. Department of Defense
- 12 Veterans Administration Hospital
- 15 Other Federal Government Employer
- 16 Foreign Employer
- 17 Private/Community Hospital
- 19 College/University
- 21 Private Industry
- 23 Private Clinical Laboratory
- 24 Physician Office Lab/Group Practice
- 25 Hospital-State Funded
- 26 Hospital-City/County Funded

## THE FOLLOWING PRIVACY ACT STATEMENT IS APPLICABLE TO ALL INCLUDED FORMS NEEDING SOCIAL SECURITY NUMBER

The information requested on this form is collected under the authority of 42 U.S.C., Section 243. The requested information is used only to process and evaluate your application for training and may be disclosed (for verification purposes) to your employer, group leader, educational institution, etc. as necessary. An accounting of such disclosures will be furnished to you upon request. No applicant may receive continuing education credits unless a completed application form is received. Furnishing the information requested on this form, including your Social Security Number (SSN), is voluntary. The SSN is used for identity verification purposes and prevents the assignment of more than one identifying number to the same individual. If you do not wish to submit a SSN, CDC will assign a unique identifier.

Public reporting burden for this collection of information is estimated to average five minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC /ATSDR Reports Clearance Officer, 1600 Clifton Road, N.E., MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017).